AFFIDAVIT OF EXEMPTION

JAN 0 9 2006 FROM FILING RECEIPTS AND EXPENDITURES REPORTS BY A PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE

RON THORNBURGH
FY STATE OF STATE

FY STURE DIMENTIFE RECEIVED OR EXPENDED OR CONTRACTED TO EXPEND \$500 OR MORE IN CALENDAR YEAR 2005 OR IF YOUR COMMITTEE RECEIVED A CONTRIBUTION IN EXCESS OF \$50 FROM ANY ONE CONTRIBUTOR, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by the treasurer of any party committee or political action committee which qualifies for the exemption.

THIS AFFIDAVIT MUST BE FILED WITH THE SECRETARY OF STATE (120 SW 10th, 1st Floor Memorial Hall, TOPEKA, KANSAS 66612) PRIOR TO JANUARY 10, 2006. If a party or political action committee qualifies for this exemption, a Statement of Organization still must be filed and the treasurer must maintain the required records. (K.S.A. 25-4145)

	PL	EASE PRINT OR TYPE	
A. Name of Committee	Medical Socie	ety of Sedgwick Co. PA	C
Address	1102 S. Hillside	City Wichita	Zip Code67211
Telephone	316-683-7557		
B. Name of Treasurer _	Kay Mills		
Address 1102	S. Hillside	CityWichita	Zip Code <u>67211</u>
Home Telephone	316-943-4710	Business Telephone 31	6-683-7557
C. Affidavit: State of Kansas County of Sedgw	ick)		
I, Kay Mill	S	treasurer of the	Medical Society of Sedgwick
Co. PAC			do swear (or affirm) that:
	(Name of Party or Political Ac	tion Committee)	
 In the non-elect expend, an agg In the non-elect an aggregate at In the non-elect 	regate amount or value of less that tion year to which the affidavit a nount or value of less than five hat ion year to which this affidavit ap	opplies, the above party or political and five hundred dollars (\$500); pplies, the above party or political andred dollars (\$500);	action committee expended or contracted to action committee received contributions in action committee received no contributions outor.
1-5- (Date)	-06	- Bay 8	Dells
200000 2000 20 20			nature of Treasurer)
Subscribed and sw	vorn.to (affirmed) before me this	5th day of Janaury	(Notary Public)
Governmental Ethics C	ommission	My Appointment Expires5	-/ 2 ,20 0 P